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Bib Data Sheet

CONFIRMATION NO. 3794

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|------------------------------------|---|---------------------|-------------------------------|--------------------------------------|
| <b>SERIAL NUMBER</b><br>10/689,796 | <b>FILING OR 371(c) DATE</b><br>10/21/2003<br><b>RULE</b> | <b>CLASS</b><br>434 | <b>GROUP ART UNIT</b><br>3715 | <b>ATTORNEY DOCKET NO.</b><br>421/83 |
|------------------------------------|---|---------------------|-------------------------------|--------------------------------------|

## APPLICANTS

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KYF/KAS

## \*\* CONTINUING DATA \*\*\*\*\*

NONE KYF

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

NONE KYF

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*  
 01/24/2004

\*\* SMALL ENTITY \*\*

|   |                        |                     |                    |                         |
|---|------------------------|---------------------|--------------------|-------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | STATE OR COUNTRY<br>NC | SHEETS DRAWING<br>9 | TOTAL CLAIMS<br>56 | INDEPENDENT CLAIMS<br>5 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                        |                     |                    |                         |
| Verified and Acknowledged<br>Examiner's Signature: <i>Kidney</i> Initials: <i>KYF</i>   |                        |                     |                    |                         |

## ADDRESS

25297

## TITLE

Apparatus and method for braille instruction

|                                   |   |  |
|-----------------------------------|---|--|
| <b>FILING FEE RECEIVED</b><br>860 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                              |
|                                   |   | <input type="checkbox"/> 1.16 Fees ( Filing )                  |
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